



TENNESSEE DEPARTMENT OF REVENUE
EDI Registration for Sales Tax Electronic Filing

Company Name: _____

Address: _____

City/State/Zip Code: _____

Company FEIN: _____

Contact Person's Name: _____

Contact Person's Address: _____

Contact's Phone Number: _____

Contact's Fax Number: _____

Contact's E-mail Address: _____

Modem Protocol: _____
(i.e. X, Y or Z)

You must provide the 9-digit Tennessee Sales Tax account numbers for all outlets (locations) that you will be combining into one filing transaction. Please either list on the attached form provided or provide a separate list.

Please choose a software vendor:

☐ Deloitte & Touche

☐ RIA

☐ CCH/Esalestax

☐ Trustfile

☐ Saxon Tax
Software, Inc

☐ Other _____

☐ Vertex, Inc.

☐ Velosant LP/Financial Supply Chain Solutions and
Taxware Technology

SIGN on the dates indicated below.

TAXPAYER

By: _____

Date: _____

Title of Authorized Agent for Taxpayer: _____

RV-F1304201

